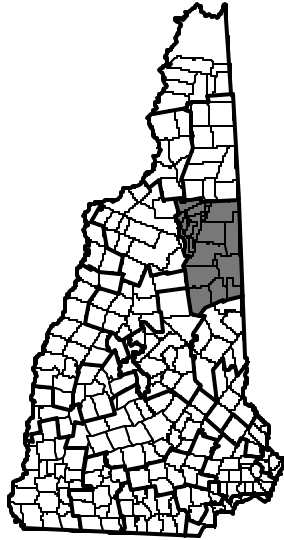


# Conway Healthcare Service Area Regional Health Profile



This narrative is part of a larger effort, the *New Hampshire Regional Health Profiles*, and grew out of a mandate established by the Legislature in its passage of SB 183 in 1999. That bill amended RSA 126A to include a requirement for the Department of Health and Human Services to continually assess the health status of the State's residents and to make its findings available in a report issued every two years.

This narrative was jointly developed by the Dartmouth Hitchcock Alliance and the Department and is the first to be issued under this legislation. The *Regional Profiles* provide a means for residents, community leaders, planners and providers to gain a better understanding of the health status of the State's residents and communities.

The *Regional Profiles* provides information that can be used to establish local *Healthy New Hampshire 2010* targets and to meet the needs assessment expectations of the State's Community Benefits legislation.

## Overview of the HSA

The Conway Healthcare Service Area (HSA) is composed of the following communities. According to the 1998 population estimate Conway is the largest town within the HSA, accounting for 50% of the total population. Compared with New Hampshire as a whole, the residents over the age of 45 are over represented in this HSA.

Town Name	1998 Pop Est	% of HSA Pop	% of HSA Self Pay Admissions	Ratio of Self-Pay Admissions to Pop Pct	1996 Per Capita Income	Pop Density (persons per sq. mi.)	Miles to Nearest Hospital*
Albany	581	3%	0%	0.0	\$13,689	8	7
Bartlett	2,512	15%	11%	0.8	\$18,291	34	12
Chatham	274	2%	0%	0.0	\$12,304	5	15
Conway	8,481	50%	73%	1.5	\$16,528	122	-
Eaton	367	2%	1%	0.2	\$21,074	15	10
Hart's Location	30	0%	0%	0.2	\$18,184	2	13
Jackson	709	4%	3%	0.7	\$24,177	11	10
Madison	1,818	11%	5%	0.5	\$16,676	47	11
Tamworth	2,230	13%	7%	0.6	\$14,482	37	18
<b>HSA Total</b>	<b>17,002</b>				<b>\$16,791</b>	<b>35</b>	
New Hampshire	1,185,000				\$18,697	132	

\* = Nearest Hospital may be in a different HSA

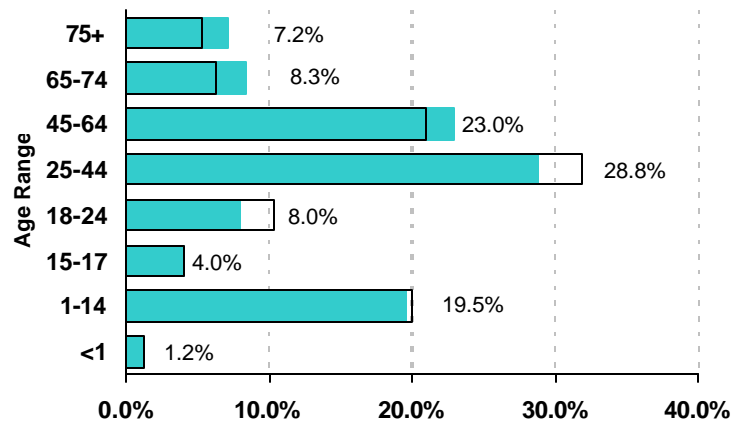
- 1998 Population Estimate = New Hampshire Office of State Planning.
- Percent of HSA Self Pay Admissions = Each community's share of individual overnight hospital admissions for the full HSA that are recorded as "Self Pay" on the Uniform Hospital Discharge Data Set for 1998.
- Ratio of Self-Pay Admissions to Population Percentage = Percent of HSA self-pay admissions divided by the percent of HSA population. A higher ratio reflects a greater proportion of individuals within a community who must cover the costs of hospitalization from their personal resources, i.e., they do not have health insurance coverage for the hospitalization.
- 1996 Per Capita Income = Office of State Planning, from the Department of Revenue Administration.
- Population Density = Total square miles from the Office of State Planning, divided by the 1998 Population Estimate
- Miles to Nearest Hospital = mileage from a community to the nearest hospital that may not be the hospital(s) in the HSA, as given in the *1999 New Hampshire Community Profiles*, published by the State Occupational Information Coordinating Committee (SOICC) of New Hampshire.

## Demographic Profile

### Percentage of Population by Age

Shaded and Labeled bars = HSA population profile

Outlined bar = State population profile



Graphics are based on data provided in the Primary Care Data Set, 1993-1997, which stated “State, city, and town population counts for New Hampshire have been obtained by applying the proportions from the 1995 New Hampshire Population Projections for Counties by Age and Sex to the 1995 Population Estimates of New Hampshire Cities and Towns; both of which were prepared by the New Hampshire Office of State Planning (OSP). The population figures for 1995 were chosen for use in calculating rates since this year represents the midpoint of the five years of study, 1993 through 1997... Since the town-specific age and sex population estimates are based on town-wide estimates applied to county level projections, it is assumed that there is an unknown amount of error in the individual components of the estimates. However, when combining towns together to construct HSAs, much of the variability in the town-specific estimates is assumed to be canceled.” ***Primary Care Access Data, 1993-1997***

Limited data on population and households from the national 2000 census is provided in the Census 2000 section of the ***Regional Profiles***. That data will be updated at the ***Regional Profiles*** website as it becomes available and should be used when reviewing the “Additional Indicators” section below.

## Health Profile

The points offered below are provided as an overview of the health of the HSA in the three **Regional Profile** focus areas: *Current Health*, *Use of Health Care* and *Risks to Future Health*. These are provided as a representative sample of findings presented in the data tables and should not be construed as the most important findings. Readers are urged to review the data tables to better understand the conditions and circumstances of this HSA.

In some instances, the differences between the HSA and the State are described as significant. This refers to a difference being “statistically significant.”

- When the source of the data is the 1999 NH Health Insurance Coverage and Access Survey (NH HICAS), the difference is significant at the 95% confidence level, i.e., when the range between the upper and lower confidence intervals for the HSA is higher or lower than the range for the State confidence interval (the confidence ranges do not overlap).
- When the source of data is the Primary Care Access Data set (PCAD), a difference is also significant at the 95% confidence level, based on a “z test score,” a test for statistical significance, i.e., when this test statistic is “significant,” there is 95% confidence that the rates being compared are different for reasons other than “random chance.”
- Because a finding is statistically significant, i.e., not due to chance alone, the difference may not be of sufficient magnitude to be practical or meaningful to understanding the health issue or for developing strategies.
- A finding that a difference is not statistically significant may not mean that there is no value to paying attention to the difference, i.e., not being statistically significant does not mean that it is not important or necessary to consider the underlying health issues for indicators that are different between the HSA and the State, particularly on indicators that seem to show a trend or relationship, such as between indicators associated with births.

All rates in this narrative have been age-adjusted. The calculation of age-adjusted rates makes it possible to compare the rates between an HSA and the State. The proportion of the population in each age range varies from HSA to HSA and between an HSA and the State. Thus, it would be misleading to compare HSA rates to the State rate unless the rates were adjusted for this variation in the distribution of age ranges.

Please refer the *Technical Notes* section for an explanation of the age-adjustment calculation and the calculations for statistical significance and confidence intervals.

Unless noted in the text, the data date and source are given in [ ] at the end of each point. Key to abbreviations:

- NHES = New Hampshire Employment Security.
- NH HICAS = *New Hampshire Health Insurance Coverage and Access Survey, 1999*; Office of Planning and Research, Department of Health and Human Services.
- PCAD = *Assessing New Hampshire's Communities: Primary Care Access Data, 1993-1997*; Health Statistics and Data Management Bureau, Office of Community and Public Health.
- UHDDS = Uniform Hospital Discharge Data Set, maintained by the Health Statistics and Data Management Bureau, Office of Community and Public Health.
- US Census = Taken from 1990 Census of Population and Housing Summary Tape File 3A (STF3A), 1990 US Census data, US Department of Commerce.

**Observations on Current Health:**

- Based on findings from the 1999 NH Health Insurance Coverage and Access Survey, 93.5% of the population under age 65 of this HSA had “good,” “very good,” or “excellent” health. This was slightly lower than the State average of 94.8%.
- Similar to the State generally (5.9%), 5.8% of the residents of this HSA characterized themselves, according to findings from the 1999 NH Health Insurance Coverage and Access Survey, as having a chronic condition lasting at least a year.
- Rates of “premature death” for the population between the ages of 18 and 64 in this HSA were comparable to the State rate (2.7 per 1000 population vs. 2.6 per 1000 population). [1993-1997; PCAD]
- The percentage of individuals in the HSA between the ages of 16 and 64 who were not in the work force because of disability was comparable, at 3.1%, to the State average of 2.9%. [1990; US Census]
- The HSA rate of low birth weight births did not differ significantly from the State (48 per 1000 births vs. 52 per 1000 births). [1993-1997; PCAD]

**Observations on Use of Health Care**

- According to the 1999 NH Health Insurance Coverage and Access Survey, 21.7% of the population under age 65 in this HSA were not “extremely” or “very” confident in their access to health care. This was comparable to the State average of 19%.
- 9.7% of the population under age 65 in the HSA did not have a usual source of care. This was slightly more than the State average of 6.9%. [1999; NH HICAS]
- 13.5% of the population under age 65 in the HSA did not see a doctor in the year prior to the 1999 NH Health Insurance Coverage and Access Survey. This was comparable to the State average of 11.7%.
- Individuals under the age of 65 in this HSA were significantly more likely, when compared to the State, to not have had a dental visit in the year prior to the 1999 NH Health Insurance Coverage and Access Survey: 28% vs. 21.9%.

**Ambulatory Care Sensitive Conditions** = medical conditions that may not require inpatient hospitalization (a stay of at least one night) if timely and appropriate primary care is received.

- HSA rates of hospital admissions for acute ambulatory care sensitive conditions, such as pneumonia and other infections, were significantly lower (5.3 per 1000 population) compared to the State rate (7.4 per 1000 population). [1993-1998; UHDDS]
- Hospital admissions for chronic ambulatory care sensitive conditions, such as diabetes and asthma, were significantly lower (2.8 per 1000 admissions) in this HSA compared to the State rate (4.6 admissions per 1000 population). [1993-1998; UHDDS]

- This HSA experienced lower hospital admission rates (per 1000 population) across three age categories compared to the State. [1993-1997; PCAD]

	<b>HSA</b>	<b>State</b>	<b>Ratio (HSA/State)</b>
Pediatric	3.0	4.3	0.7
Adult	5.8	6.1	1.0
Elder*	40.1	57.4	0.7

(Pediatric = up to age 18; Adult = 18-64; Elder = 65+)

\* = Significantly lower

- In this HSA, residents of three major age categories were hospitalized due to injuries at rates, per 1000 population, comparable to State rates, [1993-1997; PCAD]

	<b>HSA</b>	<b>State</b>	<b>Ratio (HSA/State)</b>
Pediatric	2.7	3.1	0.9
Adult	7.9	6.2	1.3
Elder	23.1	26.2	0.9

(Pediatric = up to age 18; Adult = 18-64; Elder = 65+)

- For residents from this HSA, Medicare (41%) was the most common source of payment for inpatient care (care provided to an individual who is hospitalized at least one night), followed by commercial insurance (33%), Medicaid (12%), self pay (6%), and HMO or other (4% each). [1998; UHDDS]

## Observations on Risks to Future Health

- In 1999, 2.5% unemployment in this HSA was less than the State average of 2.7%. [NHES]
- 29.8% of the families in the HSA had incomes of less than 200% of the federal poverty level, a proportion significantly higher than the State average of 21.4%. [1999; NH HICAS]
- 15.9% of children under age 19 in the HSA received Medicaid and/or Food Stamps, a proportion significantly higher than the State percent of 9.1%. [1993-1997; PCAD]
- 2.9% of adults in the HSA received Medicaid and/or Foods Stamps, a proportion significantly higher than the State percent of 2.1%. [1993-1997; PCAD]
- 91.6% of the adult population under age 65 in the HSA completed High School, a percent comparable to the State (92.2%). [1999; NH HICAS].
- 16.4% of the non-elderly (under age 65) population in the HSA was without health insurance for some part of the 12 months prior to the 1999 NH Health Insurance Coverage and Access Survey. This percent was significantly higher than the State proportion of 11.4%.
- At the time of the 1999 NH Health Insurance Coverage and Access Survey, 14.5% of the population under age 65 in this HSA had no health insurance. This proportion was significantly higher than the State average of 9.3%.
- A significantly higher share (39.3%) of the non-elderly (under age 65) in this HSA lacked dental coverage compared to the State generally (25.7%). [1999; NH HICAS]

- Selected birth characteristics for this HSA:
  - ✓ The HSA rate of new mothers who acknowledged smoking during pregnancy (195 per 1000 births) was greater compared to the State rate (176 per 1000 births). [1993-1997; PCAD]
  - ✓ The rate of births to women under age 17 in this HSA was 12.8 per 1000 births. This rate was comparable to the State rate of 14.4 per 1000 births. [1993-1997; PCAD]
  - ✓ The rate of births to unmarried women was significantly higher in this HSA (292 per 1000 births) compared to the State rate (223 per 1000 births). [1993-1997; PCAD]
  - ✓ The rate of mothers who had completed High School (128 per 1000) in this HSA was slightly more than the State rate (109 per 1000 births). [1993-1997; PCAD]
  - ✓ The rate of births covered by Medicaid (372 per 1000 births), was significantly higher in this HSA compared to the State rate (207 per 1000 births). [1993-1997; PCAD]

### Additional Observations

By reviewing census data, it is possible to learn more about the people living in a community. Unfortunately, the most recent census data is from 1990. It will be helpful to compare data from the 2000 census (which is underway) to that from 1990 to see how this community has changed in terms of:

- Households with children headed by single parents – In 1990, in this HSA, 21.4% of households with children were headed by a single parent (female headed: 16.8%; male headed: 4.6%), compared to the State proportion of 17% (female headed: 13.1%; male headed: 3.9%). [1990; US Census]
- Income distribution – In 1990, 24.7% of the families had incomes below \$20,000 while 25.3% had incomes above \$50,000, compared to the State levels of 15.2% with incomes below \$20,000 and 37% with incomes above \$50,000. [1990; US Census]
- People isolated by virtue of:
  - ✓ Living alone – In this HSA, 26.9% of the households were classified as single occupant compared with the State average of 21.9%. [1990; US Census]
  - ✓ Not speaking English – In this HSA, 0.3% of the households were linguistically isolated compared to the State average of 1.5%. [1990; US Census]
  - ✓ Not owning a vehicle – In this HSA 15.6% of the population had no transportation available compared to the State average of 16.1%. [1990; US Census]
- Population stability, as reflected by:
  - ✓ Not relocated over the past 5 years – In this HSA, 47% of the households lived in the same location at least 5 years compared to the State average of 47.8%. [1990; US Census]
  - ✓ Owned rather than rented – In this HSA, 74.4% of the population lived in owner occupied housing. This was equal to the State average of 73.6%. [1990; US Census]